MARYLAND
Health Care
Commission

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2026 SESSION
POSITION PAPER

BILL NUMBER: **SB 428**

COMMITTEE: **Finance**

POSITION: **Support**

TITLE: **Maryland Medical Assistance Program and Health Insurance – Collaborative Care Model – Cost Sharing Prohibition**

BILL ANALYSIS

SB 428 – Maryland Medical Assistance Program and Health Insurance – Collaborative Care Model – Cost Sharing Prohibition prohibits the Maryland Department of Health and certain payers from imposing a copayment, coinsurance, or deductible for services provided in accordance with the Collaborative Care Model (CoCM) statewide in primary care settings that provide health care services to Program recipients.

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports *SB 428* as it represents an important step towards improving quality, accessibility, and coordination of care for Marylanders. Eliminating cost sharing for services delivered through the CoCM advances an evidence-based approach to managing chronic and complex physical and behavioral health conditions. Integrating behavioral health in primary care settings reduces longstanding barriers to treatment and helps narrow disparities in health outcomes. It also expands access to care, especially in underserved communities.

The CoCM brings together primary care and behavioral health providers as a coordinated team within a patient-centered framework.[1] It reinforces collaboration among care team members (e.g., primary care providers, psychiatric consultants, behavioral health care managers) to support patients and monitor their progress. Since 2017, the Centers for

[1] Bauer MS, Weaver K, Kim B, et al. The Collaborative Chronic Care Model for Mental Health Conditions: From Evidence Synthesis to Policy Impact to Scale-up and Spread. *Med Care*. 2019; Sep 13;57(10 Suppl 3):S221-S227. doi: 10.1097/MLR.0000000000001145.

Medicare & Medicaid Services (CMS) has reimbursed for CoCM services. Even so, cost sharing remains a leading barrier to adoption of CoCM by practices as it discourages patient participation.[2] Because patients often view modest out-of-pocket costs as burdensome, they may end up avoiding or declining services. While not explicitly labeled as concierge medicine, cost sharing mirrors a pay-to-play approach, creating a financial barrier to care that disproportionately affects low income and vulnerable populations.[3]

The evidence supporting CoCM is extensive and well documented with the landmark clinical trial, "Improving Mood-Promoting Access to Collaborative Treatment" (IMPACT).[4] The two-year study followed 1,801 older adults with depression, drawing participants from 18 primary care clinics across five states. The results were striking, after 12 months, nearly half of patients in the CoCM saw their symptoms decrease by at least 50 percent, compared with just 19 percent receiving usual care. The benefit of CoCM persisted among IMPACT patients who experienced more than 100 additional depression free days. The CoCM has been successfully adapted for children, trauma survivors, individuals with substance use disorders, and those in need of behavioral health support, demonstrating its versatility across diverse populations and clinical settings.[5]

Moreover, *SB 428* aligns with federal efforts to strengthen primary care and reduce cost sharing for patients. In the 2026 Medicare Physician Fee Schedule, CMS established new, optional add-on codes to facilitate the integration of behavioral health in primary care when providing Advanced Primary Care Management (APCM) services.[6] CMS also requested comments on whether the new codes should be treated as preventive services, a designation that would authorize the elimination of cost sharing altogether. *SB 428* supports team-based care aimed at mitigating long-term risks and managing complex needs proactively. Removing cost sharing is also consistent with the principles of value-based care, which emphasize removing financial barriers to high value services.[7]

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[2] Carlo AD, Drake L, Ratzliff ADH, Chang D, Unützer J. Sustaining the Collaborative Care Model (CoCM): Billing Newly Available CoCM CPT Codes in an Academic Primary Care System. *Psychiatr Serv*. 2020;71(9) :972-974. doi: 10.1176/appi.ps.201900581.
[3] Kaiser Health News, The Concierge Catch: Better Access for a Few Patients Disrupts Care for Many. *Kaiser Health News*. July 2024. https://kffhealthnews.org/news/article/concierge-medicine-primary-care-doctor-pay-to-play/#:~:text=Email%20Sign%2DUp,harder%20to%20find%20a%20doctor. Accessed February 5, 2026.
[4] Unützer J, Katon W, Callahan CM, et al. Collaborative care management of late-life depression in the primary care setting: a randomized controlled trial. *JAMA*. 2002;288(22):2836–2845. doi:10.1001/jama.288.22.2836.
[5] Reist C, Petiwala I, Latimer J, et al. Collaborative mental health care: A narrative review." *Medicine (Baltimore)*. 2022;101(52):e32554. doi: 10.1097/MD.0000000000032554.
[6] American Medical Association. *2026 Medicare Physician Payment Schedule and Quality Payment Program Final Rule, Summary and Analysis*." https://www.ama-assn.org/system/files/2026-mpfs-final-rule-summary-analysis.pdf. Accessed February 5, 2026.
[7] American College of Physicians, *Summary of 2026* Finalized Changes to the Medicare Physician Fee Schedule, Medicare Shared Savings Program, Quality Payment Program, and other Federal Programs. October 2025. https://www.acponline.org/sites/default/files/documents/advocacy/where_we_stand/assets/acp_summary_of_2026_physician_fee_schedule_medicare_final_rule_2025.pdf. Accessed February 5, 2026.

It is for these reasons that the MHCC recommended payers cover CoCM services without cost sharing in the 2025 *Primary Care Investment Analysis and Recommendations Report*. The annual report includes an analysis of primary care and recommendations informed by a stakeholder workgroup on the level of primary care investment relative to overall health care spending as required by Chapter 667 (Senate Bill 734), *Maryland Health Care Commission – Primary Care Report and Workgroup* (2022).[8]

When patients view the CoCM services as a standard part of primary care rather than services that require extra payment, it strengthens confidence in their care plan and encourages clinicians to participate in the model. By eliminating cost sharing, *SB 428* helps to ensure that the CoCM is viewed as an essential mainstream component of primary care. For these reasons, MHCC respectfully requests a favorable report.

[8] Md. Laws Ch. 667 (2022) The law requires MHCC to form a multi-stakeholder workgroup to provide input on the analysis and recommendations and submit a report to the Governor and the General Assembly annually by December 1st. The MHCC established the Primary Care Investment Workgroup (PCIW), which includes primary care clinicians, payers, legislators, and other State agencies, and has published two annual reports.